

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department of Children and Families		9. Position No. K0163015	10. Budget Program Number		Agency Number
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position) Administrative Assistant			
3. Division EES		12. Proposed Class Title			
4. Section Administrative Services	For  Use  By  Personnel  Office	13. Allocation		Position Number	
5. Unit Operations		14. Effective Date			
6. Location (address where employee works)  City Wichita County Sedgwick		15. By	Approved		
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %	16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM/PM To: 5:00 AM/PM	17. Audit Date: By: Date: By:				

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

This clerical work is of routine difficulty and is performed under the direct supervision of the Sr. Administrative Assistant. An employee in class is responsible for providing basic clerical support in an office. Primary responsibility will be managing EES Active Files.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

**Name**

**Title**

**Position Number**

**Barbara Wheeler**

**Sr. Administrative Assistant**

**K0072674**

Who evaluates the work of an incumbent in this position?

**Name**

**Title**

**Position Number**

**Barbara Wheeler**

**Sr. Administrative Assistant**

**K0072674**

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

This is a clerical work of routine difficulty and is performed under direct supervision of the Sr. Administrative Assistant. All instructions, methods and guidelines will be given to the employee by the supervisor along with what assignments will be assigned, and when they will need to be completed by.

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21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
I. 50%	E	Maintains the EES Open File Area. Work involves, Shuffling files and accurate filing of all records in the proper location. Retrieval of files as needed.
II. 20%	E	Assist in the Closed files with the operational needs. Assist with delivering of mail to the Outstation staff. Assisting the other staff within the unit in their duties as need.
III. 10%	M	Assists EES with scanning in mail (i.e. applications) and other duties as needed.
IV. 10%	M	Assist the Region with file management, Special Projects.
V. 10%	M	Other duties as assigned.

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.  
( ) Plans, staffs, evaluates, and directs work of employees of a work unit.  
( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.  
( x ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.  
( ) Major program failure, major property loss, or serious injury or incapacitation.  
( ) Loss of life, disruption of operations of a major agency.

Please give examples.

Lost cases can cause financial errors on cases.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Information is retrieved and disseminated to all staff and other authorized persons on a continual basis. Information can be sent out in an email or given in person by supervisor or administrator.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Working with 30,000+ files does pose some hazards. The files can fall. The employee can also encounter problems when climbing stepstools or ladders to file cases.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

PC, Telephone, Fax, Copier, Carts, Step ladders

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

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Education or Training - special or professional

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Licenses, certificates and registrations

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Special knowledge, skills and abilities

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Experience - length in years and kind

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personnel Official

\_\_\_\_\_  
Date

**Approved:**

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Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Head or  
Appointing Authority

\_\_\_\_\_  
Date

